

INDIANA RESPIRATORY CARE COMMITTEE LICENSURE INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

This application packet should contain the following information:

Information and Instruction Sheet
Application For A License As A Respiratory Care Practitioner
Verification of State Licensure Form (Attached to the application)

Statutes and Administrative Rules which pertain to the practice of respiratory care are available to download from the Agency's website at www.pla.IN.gov. If you would prefer to have a copy sent to you, please submit your request in writing with a fee of \$1.50 to the address listed below.

COMMITTEE ADDRESS/TELEPHONE NUMBER/FAX/WEB SITE/EMAIL

Indiana Professional Licensing Agency
ATTN: Indiana Respiratory Care Committee
402 W. Washington Street, Room W072
Indianapolis, IN 46204
Web Site: www.pla.IN.gov
Staff Email: pla8@pla.IN.gov
Staff Phone: (317) 234-2054
FAX: (317) 233-4236

BASIS FOR LICENSURE

EXAMINATION

Applicants who are applying to take the NBRC examination or have recently taken the examination.

ENDORSEMENT

Applicants who are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care (NBRC).

CREDENTIALS

Applicants who are applying for licensure based upon their NBRC Credential only. **Applicants may not apply based upon their NBRC credentials if they are licensed or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.**

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the

federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable

EXAMINATION APPLICANTS – CERTIFICATION OF GRADUATION

Applicants who submit a “Certification of Graduation” or a letter from the school or program for proof of graduation in order for the Committee to issue a temporary permit, please note that upon successful completion of the examination you must present an official transcript from the school/program certifying the degree earned prior to the issuance of a respiratory care license.

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

Please contact the NBRC for examination or credential verification information:

National Board of Respiratory Care, Inc.
8310 Nieman Road
Lenexa, KS 66214
Staff Phone: (913) 599-4200
FAX: (913) 541-0156
Web Site: <http://www.nbrc.org/>
Email: nbrc@nbrc.org

WAIVER OF EDUCATIONAL REQUIREMENTS

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a detailed list of the places that the applicant has engaged in the practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application. Please list the dates of practice, location, responsibilities and that you were under the supervision of a physician.

EXAMINATION APPLICANTS

If you are applying to take the NBRC examination or have recently taken the examination please follow the directions below.

APPLICATION

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

AFFIDAVIT

If you answer "yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

FEE INFORMATION

Applicants must submit a fifty-dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades from the school or program from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant.

NBRC CREDENTIAL REPORT

Applicants must submit a NBRC credential report sent directly to the Indiana Professional Licensing Agency from the NBRC. **A copy of your NBRC Certificate or score report *is not* acceptable for licensure.** For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.
8310 Nieman Road
Lenexa, KS 66214
Staff Phone: (913) 599-4200
FAX: (913) 541-0156
Web Site: <http://www.nbrc.org>
Email: nbrc@nbrc.org

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

TEMPORARY PERMIT INFORMATION EXAMINATION APPLICANTS
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An applicant for a temporary permit by examination will be required to take the examination for licensure within six (6) months after graduation. Temporary permits by examination will expire six (6) months from the date of graduation. The Committee shall not issue a temporary permit to an applicant who has failed the examination.

APPLICATION

Completed application for licensure by examination including photographs and sworn statement if you answer "yes" to any of the eight (8) questions on the application.

FEE

Applicants must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PROOF OF GRADUATION

The applicant is required to submit one of the following documents as proof of graduation:

- **CERTIFICATE OF COMPLETION**
An original letter or certification of completion verifying the date that the applicant has completed and will receive his/her diploma will be accepted under the signature and seal of the dean of the school or program.
- **OFFICIAL TRANSCRIPT**
An official transcript of grades from the school or program from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant.
- **DIPLOMA**
A notarized copy of your diploma.

If an applicant submits a letter or certificate of completion or a notarized diploma in order to issue a temporary permit, the applicant is required to submit an official transcript of grades from their school or program which shows that all requirements for graduation have been met, prior to the issuance of their respiratory care license.

ISSUANCE OF TEMPORARY PERMIT

A temporary permit will only be valid for a period of six (6) months from the date of graduation. (I.e. if you graduate on May 31, 2002 but do not apply for a temporary until July 31, 2002 you will only be granted a temporary permit from July 31, 2002 until November 30, 2002.) Temporary permits will automatically expire, without further action by the Committee, on the date of expiration as stated on your temporary permit pocketcard.

RENEWAL OF TEMPORARY PERMIT

If the applicant fails to take the examination within the six (6) month period and presents an explanation to the Committee in writing, which shows good cause for not taking the examination, the Committee may allow the applicant to renew their temporary permit. The Committee will review all requests on a case-by-case basis. The fee for renewal of a temporary permit is \$10.00.

ENDORSEMENT APPLICANTS

If you are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care please follow the directions below.

APPLICATION

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

AFFIDAVIT

If you answer "yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

FEE INFORMATION

Applicants must submit a fifty-dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPT

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NBRC CREDENTIAL REPORT

Applicants must submit a NBRC credential report sent directly to the Indiana Professional Licensing Agency from the NBRC. **A copy of your NBRC Certificate or score report is not acceptable for licensure.** For more information regarding a credential report please contact the:

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Web Site: <http://www.nbrc.org/>
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NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

VERIFICATION OF STATE LICENSURE

Applicants must submit a "Verification of State Licensure" form completed by every state where you hold or have held a license, registration, or certification.

**STATEMENT REQUIRED - IF YOU ARE COMING FROM A STATE THAT DOES NOT REQUIRE
LICENSURE OR CERTIFICATION**

Applicants that are coming from a state that does not require licensure or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure or certification. This statement must be signed and dated by the applicant.

WAIVER OF EDUCATIONAL REQUIREMENTS

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a detailed list of the places where the applicant has engaged in the practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application. Please list the dates of practice, location, responsibilities and that you were under the supervision of a physician.

TEMPORARY PERMIT INFORMATION ENDORSEMENT APPLICANTS
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Endorsement applicants may apply for a temporary permit if the applicant holds a current license or certification as a respiratory care practitioner in another state **OR** if the applicant is practicing in a state that does not license or certify respiratory care practitioners but the applicant holds credentials issued by the National Board for Respiratory Care (NBRC).

APPLICATION

Completed application for licensure by examination including photographs and sworn statement if you answer "yes" to any of the eight (8) questions on the application.

FEE

The applicant must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

APPLICANTS MUSTS SUBMIT ONE OF THE FOLLOWING:

1. PROOF OF LICENSURE OR CERTIFICATION

Applicants must submit a **notarized copy** of their current license or certification (billfold license or pocketcard) which shows their license or certification number and expiration date.

OR

2. STATE ENDORSING DOES NOT LICENSE OR CERTIFY

Applicants that are coming from a state that does not require licensure or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure or certification. This statement must be signed and dated by the applicant.

AND

NOTARIZED COPY OF NBRC CREDENTIAL

Applicants, who are coming from a state that does not require licensure or certification for respiratory care practitioners, must submit a **notarized copy** of their NBRC credentials with their application for issuance of the temporary permit. For full licensure, the applicant must present a credential report directly from the NBRC.

LICENSURE BASED UPON CREDENTIALS

Applicants who are applying for licensure based upon their NBRC Credential only must submit the following documentation. **Applicants may not apply based upon their NBRC credentials if they are licensed or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.**

APPLICATION

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LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

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Web Site: <http://www.nbrc.org/>
Email: nbrc@nbrc.org

RE-EXAMINATION AFTER FIVE (5) YEARS

If five (5) years have elapsed since the successful completion of the NBRC examination, the applicant must take and successfully complete an examination approved by the Committee within six (6) months of the date of application for licensure.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

APPLICANTS ARE NOT ELIGIBLE FOR A TEMPORARY PERMIT WHEN APPLYING BY CREDENTIALS.